

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KR	20891	1/9
O.I.P.E. CLASSIFIER		21	1/24/00
FORMALITY REVIEW	LA	1/3/00	2/6/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	Original
1	12/1/00
2	12/1/00
3	12/1/00
4	12/1/00
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50	12/1/00

Claim	Date
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If more than 150 claims or 10 actions  
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